



Tuntable Falls Community School

Student Enrolment Form

Child's full name			
Preferred name		Gender	
Date of birth		Place of birth	
Primary address			
	Parent / carer 1	Parent / carer 2	
Name			
Relationship to child			
Landline			
Mobile			
Other / work			
Email			
Home address			
Postal address			
LOCAL and different to above	Emergency contact 1	Emergency contact 2	
Name			
Relationship to child			
Landline			
Mobile			

OFFICE USE			
<input type="checkbox"/> Student database	<input type="checkbox"/> Lunch order form	New families:	<input type="checkbox"/> Library form
<input type="checkbox"/> SMS contact list	<input type="checkbox"/> 'Children by class'	<input type="checkbox"/> Family roster checklist	<input type="checkbox"/> Circus form
<input type="checkbox"/> Print contact list & others (family, postal, authorisations, collect)	<input type="checkbox"/> 'Children alphabetical'	<input type="checkbox"/> Add email to contacts	<input type="checkbox"/> Policy acknowledgement
<input type="checkbox"/> Class roll form	<input type="checkbox"/> Behaviour register form	<input type="checkbox"/> Tell cleaning Coordinator	<input type="checkbox"/> General excursion

Family and culture Knowing your child's background, helps us understand who they are.

We are required to provide general statistical information to education authorities as part of our registration and funding. All information collected is treated as confidential and access and use of this information is restricted to ensure privacy.

Describe your child's family arrangement (eg living with both parents, shared custody and percentage per parent, single parent, etc)																															
Any court or parenting orders or plans relating to: <ul style="list-style-type: none"> ▪ Powers, duties, responsibilities or authorities of any person in relation to your child, or access to your child, or ▪ Where your child lives, or your child's contact with a parent or other person. 																															
List your child's siblings, including ages and any other relevant information (eg not living with family, current school).																															
Which preschool, if any, did your child attend? Has your child previously attended another primary school? (Please list all.)																															
Is your child, or either parent, of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Child <input type="checkbox"/> Mother <input type="checkbox"/> Father																														
What language is spoken at home? If more than one, which is most often spoken? Is it spoken by one parent (which) or both parents?																															
Education level of parents	<p>Tick the schooling (or equivalent) completed for each parent.</p> <table border="0"> <thead> <tr> <th>Carer1</th> <th>Carer2</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Year 9 or below</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Year 10</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Year 11</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Year 12</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certificate I - IV</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Advance diploma / diploma</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bachelor Degree or above</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>I choose not to declare</td> </tr> </tbody> </table>	Carer1	Carer2		<input type="checkbox"/>	<input type="checkbox"/>	Year 9 or below	<input type="checkbox"/>	<input type="checkbox"/>	Year 10	<input type="checkbox"/>	<input type="checkbox"/>	Year 11	<input type="checkbox"/>	<input type="checkbox"/>	Year 12	<input type="checkbox"/>	<input type="checkbox"/>	Certificate I - IV	<input type="checkbox"/>	<input type="checkbox"/>	Advance diploma / diploma	<input type="checkbox"/>	<input type="checkbox"/>	Bachelor Degree or above	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	I choose not to declare
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Current occupation of parents	<p>Carer 1 :</p> <p>Carer 2 :</p> <p><input type="checkbox"/> I choose not to declare</p>																														

Authorisations

<p>We sometimes include photos in our promotional materials to illustrate what we offer at our school. Photos are generally of groups or activities and children are never identified by name.</p>	<p>I allow my child's photo to be used in:</p> <p><input type="checkbox"/> School literature / website</p> <p><input type="checkbox"/> Newspaper articles</p> <p>Sign:</p>				
<p>I authorise staff to collect and deliver my child to the bus stop if my child is travelling by bus.</p>	<p>Sign:</p>				
<p>I authorise staff to administer medicine I provide following a medical practitioner's instructions.</p>	<p>Sign:</p>				
<p>I give permission for school staff to administer basic first aid if required.</p>	<p>Sign:</p>				
<p>I authorise transportation of my child to hospital in an ambulance if needed in an emergency.</p>	<p>Sign:</p>				
<p>My phone number may be included on the contact list distributed at the start of each term to the families of enrolled students.</p>	<p>Sign:</p> <p>Speak to us to specify exactly what can/can't be included.</p>				
<p>I authorise these people to collect my child from school:</p>	<table border="1"> <thead> <tr> <th data-bbox="349 1066 815 1099">Name</th> <th data-bbox="815 1066 1457 1099">Relationship to child</th> </tr> </thead> <tbody> <tr> <td data-bbox="349 1099 815 1350"> </td> <td data-bbox="815 1099 1457 1350"> </td> </tr> </tbody> </table>	Name	Relationship to child		
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Health

<p>Medicare number</p>		<p>Immunisation</p>	<p><input type="checkbox"/> Fully immunized</p> <p><input type="checkbox"/> Partially or conscientious objector</p>
<p>Preferred doctor & phone number</p>			
<p>Does your child have a diagnosed medical condition (including anaphylaxis, asthma or diabetes) disability or special needs?</p>	<p>yes / no <i>Provide details if yes.</i></p>		
<p>Does your child have any known allergies?</p>	<p>yes / no</p>		
<p>Is your child taking any regular medication?</p>	<p>yes / no</p>		
<p>Are there any other issues or dietary needs/choices (aside from food allergies) that we should know about?</p>			

Membership, contract and fees

One parent/carer applies for membership to Tuntable Falls Community School Inc. upon enrolling a child.

Membership begins when the child is accepted to the school, and ends automatically when the member's children no longer attend.

Members are bound by the rules of the association while their child/children attend the school.

- I am already member through a child currently attending the school.
- I apply for membership to Tuntable Falls Community School Inc.

PRINT name and sign below:

Member parent fee contract

I understand that by signing this application, I am creating a contract with the school in which I am personally liable for any fees.

I will pay my child's fees by:

- Regular direct debit
- By cash, cheque or deposit in advance

Signed by member or applicant for membership:

I understand and agree to fulfil my **roster** requirements.

Signed by member or applicant for membership:

I understand that all new students are enrolled with a one month trial period (from the induction date). This is to ensure that you feel comfortable here and that we can meet your child's needs.

We will discuss any concerns if they develop. (All fees are refunded if the student doesn't progress to full enrolment.)

Signed by member or applicant for membership:

I know that I have to provide two weeks notice when withdrawing my child.

Signed by member or applicant for membership:

Declaration I have filled out this form to the best of my knowledge.

Declared by member or applicant for membership

Print

Sign

Date